DONNA SMITH

563-582-1999

Dubrigue

File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

2003 JAN 18 AH 7: 03

DIS	CLOSURE SUMMARY PAGE	2000 JAM 18 AH 7: 03
COMMITTEE NAME (Must be same as on S	Statement of Organization)	
Donne Smith for Supervisor C		FORM
		פסו
(4) County Central Committee (5)	ntion Candidate (2)State PAC (3)State Ports	(Rev 07/2007)
Subdivision Candidate (8) County PAC (9) City	ntion Candidate (2)State PAC (3)State Party ate (6)City Candidate (7)School Board or Other Politic PAC (10)School Board or Other Political Subdivision PA	cal
TT / Excel pallot issue	Sound of Other Political Subdivision PA	AC (For Office Use Only
CANDIDATE COMMITTEES ONLY: Candidate Name		Comm. #
$+$ \mathfrak{D}_{-} $+$ \mathfrak{C}_{-} $+$ \mathfrak{C}_{-}	Political Party (if applicable)	
05-0		Computer OM
Dubugue County Supervisie	District (if Senate or House)	Audited
Japan Supervisie		
Late reports are subject to possible civil and crimi	noi nemelli	
0	nal penalties. Pursuant to lowa Code sections 68B.32	A(7) and 68A.401(3), the candidate, for a
(Part X		
SIGNATURE OF PERSON FILING REPORT	563-582-4380 TELEPHONE	1-17 18
SIGNATURE OF PERSON FILING REPORT	TELEPHONE	
IAM FILING A /- 19- 08		
	REPORT FOR (1) ELECTION	1/(2)NON-ELECTION YEAR
(Sport date)	Indicate but	# [a]
☐CHECK IF AMENDMENT TO REPORT DAT	ED	
		Local Committees, enter Date of Election
Check if this is final (termination) report and (You must continue to file reports until	attach Notice of Dissolution Form DR-3.	County 9 Land O
to the topolis until	& DR-3 IS TIRED.)	County & Local Committees, enter County in which Election is held
STATEMENT OF CAS		
CASH ON HAND at the beginning of the reportion	ng period. (Total of all funds held by the	
of the last reporting period or much have	ig period. (Total of all funds held by the same as the cash on hand at the end	. / 1 / .
Partial Portog of Midst De	cero ir this is first report filed.)	s <u>107.75</u>
ADD TOTAL MONEY TAKEN IN THIS	PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	6.73
Schedule F: Loans Received total (Att	Attach Schedule A) (*also see in-kind below)ach Schedule F)	(10.21
The same of campaign	rioperty (Attach Schedule H)	- 1.0144
(Schedule H applies to Cand	idates' Committees Only)	
	SUB-TOTAL	
SUBTRACT TOTAL MONEY SPENT 1	THIS PERIOD	447.10
Schedule B: Expenditures total (Attach	Schedule B) (**also see debts and loans below)	101/0
Schedule F: Loan Repayments total (A	ttach Schedule F)	224.70
CASH ON HAND at the end of this sensitive and	. A de a	0
at the end of this reporting peri	od (if final report balance must be zero)	\$ <u> </u>
"UNPAID BILLS (From Schedule D - Attach Sch	edule D)	6
THE CONTRIBUTIONS (From Schedule E -	Attach Schedule E\	
"OUTSTANDING LOANS /From Schodule 5 4		
Total Scheding F - A	tach Schedule F)	
CONSULTANT BREAKDOWN (Schedule G Atta	tach Schedule F)	\$ 12.10.22
Schedule G Atta	tach Schedule F)	
CANDIDATE COMMITTEES ONLY:	tach Schedule F)	1210-22
ZANDIDATE COMMITTEES ONLY: /ALUE OF CAMPAIGN PROPERTY (From Sche	tach Schedule F)	

For Instructions, See Back of Form

CONTRIBUTIONS - MONEY TAKEN IN

(Including candidate's personal funds)

Smith for Supervisor Committee

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
	CK THIS BOX IF NOING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	V IF FO
3124107	ID# CK#	Benker Advertising Jowa Lity Down (Retunden Signs)	0	\$ 6.73	INCOM
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	СК#				
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	ID#				
}	D#		·	.	· · · · · · · · · · · · · · · · · · ·
			SUB-TOTAL		

TOTAL (if last page of this schedule)

s schedule)

Page / of / (for Schedule A)

[&]quot;Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF FORM

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•			100 0	20			di

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE	
(Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF
	NDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Donne Smith to, Supervisor Committee

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
k24-07	ID# CK# // 4.4 ID#	Dubuque labor leider Dubuque, Sowa	fect couds printing from Oct. 06	\$234.70
	CK#			
	ID#			
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	CK#			
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	CK#			
			SUB-TOTAL	- \$ 224.70

TOTAL (if last page of this schedule)

\$ 224.70

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

<u> </u>		_	,	
Page	-	of	•	

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

deposited in the committee account. TOTAL CASH REPAYMENTS (Include Endorser's Name, if Applicable) S _ TOTAL CASH REPAYMENTS (Include Endorser's Name, if Applicable) S _ TOTAL CASH REPAYMENTS (Include Endorser's Name, if Applicable) S _ TOTAL CASH REPAYMENTS (Include Endorser's Name, if Applicable) S _ TOTAL CASH REPAYMENTS (Include Endorser's Name, if Applicable) S _ TOTAL CASH REPAYMENTS (Include Endorser's Name, if Applicable) S _ TOTAL CASH REPAYMENTS (Include Endorser's Name, if Applicable) S _ TOTAL CASH REPAYMENTS (Include Endorser's Name, if Applicable) S _ TOTAL CASH REPAYMENTS (Include Endorser's Name, if Applicable) S _ TOTAL CASH REPAYMENTS (Include Endorser's Name, if Applicable) S _ TOTAL CASH REPAYMENTS (Include Endorser's Name, if Applicable) S _ TOTAL CASH REPAYMENTS (Include Endorser's Name, if Applicable) S _ TOTAL CASH REPAYMENTS (Include Endorser's Name, if Applicable) S _ TOTAL CASH REPAYMENTS (Include Endorser's Name, if Applicable) S _ TOTAL CASH REPAYMENTS (Include Endorser's Name, include Endorser's Nam	COMMITTE	COMMITTEE NAME(Must be same as on Statement of Organization)	tation)			Reset Form	ட	LOANS
TOTAL CASH REPOYMENTS which is deposited in the committee eccount. PERT II - MONETARY LOAN REPAYMENTS MADE THE AMENDING FOR THE AMENDING FOR CHARGE STRING FRENCH CONTINUE PRENCH CONTINUE PRENCH CHARGE STRING FRENCH CONTINUE PRENCH CHARGE STRING FRENCH CHARGE S	Buch	wh for Sux edice Can					(Rev. 07/03)	RECEIVED & REPAID
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TOTAL CUTSTANDING of the stationarie of contributions in the surface of contributions in the state of contributions in the sta	PARTI- MA	ONETARY LOANS RECEIVED THIS REPORTING Highel source of loan, such as a bank, must be sho robed, include loans from cendidate's personal him	PERIOD wn if a third party is da.)		PART II - MC	ONETARY LOAN REPAYMENTS MADE <u>THIS</u> Ans forgiven must be reported on Schedule E.	REPORTING PE	tion lons.)
\$ \(\lambda \)	DATE RECEIVED (MIWDDYR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)		DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSH TO CANDIDAT	
1) \$	^{La} /k ^y /	Jenna Smith 1827 Keyway Dubugue, Bura	81.14					
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### TOTAL CASH REPAYMENTS (PART II) \$ From Schedule E - TOTAL LOANS FORGIVEN \$ From Schedule E - TOTAL LOA								
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